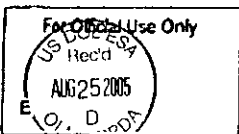


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>13204</u>	2. Fiscal Year Covered From: <input checked="" type="checkbox"/> / <input checked="" type="checkbox"/> / <u>2004</u> Through: <input checked="" type="checkbox"/> / <input checked="" type="checkbox"/> / <u>2004</u>
3. Name and address of person filing. Name <u>Paul</u> <u>im</u> <u>Nixon</u> P.O. Box, Bldg., Room No., if any _____ Street <u>17 Hill Park Drive</u> City <u>Decatur</u> State <u>Illinois</u> ZIP Code + 4 <u>62521</u>	4. Name, file number, and address of labor organization. Name <u>Sheet Metal Workers Local Union 218</u> Labor Organization File Number <u>517-675</u> P.O. Box, Building and Room Number, if any _____ Street <u>2855 Via Verde</u> City <u>Springfield</u> State <u>Illinois</u> ZIP Code + 4 <u>62703</u>
5. Position in labor organization. <u>Trustee</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Paul M. Nixon

On

8-12-05

217 922 1569

Date

Telephone Number

Name of Person Filing

Paul M. Nixon

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name International Training Institute for the
Sheet Metal and Air Conditioning IndustryTrade Name, if any: ITI

P.O. Box, Bldg., Room No., if any

Street 601 N. Fairfax St. Suite 240City AlexandriaState Virginia ZIP Code + 4 22314

9. Business deals with:

- ☒ a. Labor Organization
☐ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

The ITI is a related trust to
Local Union 218.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Compensation received represents
reimbursed expenses for classes attended
at the George Meany Center.

12.b. Amount

1337.25

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

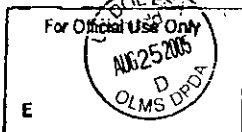
13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>13204</u>	2. Fiscal Year Covered From: <input checked="" type="checkbox"/> / <input type="checkbox"/> / <u>2004</u> Through: <input checked="" type="checkbox"/> / <input checked="" type="checkbox"/> / <u>2004</u>
3. Name and address of person filing. Name <u>Paul</u> <u>M</u> <u>Nixon</u> P.O. Box, Bldg., Room No., if any Street <u>#17 Hill Park Drive</u> City <u>Decatur</u> State <u>Illinois</u> ZIP Code + 4 <u>62521</u>	4. Name, file number, and address of labor organization Name <u>Sheet Metal Workers Local Union 218</u> Labor Organization File Number <u>517-675</u> P.O. Box, Building and Room Number, if any Street <u>2855 Via Verde</u> City <u>Springfield</u> State <u>Illinois</u> ZIP Code + 4 <u>62703</u>
5. Position in labor organization. <u>Trustee</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7. a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Paul M Nixon

On

8-12-05

Date

217 422 1569

Telephone Number

Name of Person Filing

Paul M. Nivon

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Midstate Contractors and Sheet Metal WorkersLocal 218C JATC FundTrade Name, if any: SMW 218C JATC

P.O. Box, Bldg., Room No., if any

Street 605 S. Country Fair DriveCity ChampaignState Illinois ZIP Code + 4 61821

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

The SMW 218C JATC is a related trust to Local Union 218.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Income received represents wages for teaching apprenticeship classes.

12.b. Amount

5202.02

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

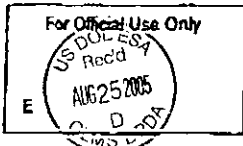
State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>13204</u>	2. Fiscal Year Covered From: <u>11</u> / <u>11</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Paul</u> <u>M</u> <u>Nixon</u> P.O. Box, Bldg., Room No., if any <u> </u> Street <u># 17 Hill Park Drive</u> City <u>Decatur</u> State <u>Illinois</u> ZIP Code + 4 <u>62521</u>	4. Name, file number, and address of labor organization. Name <u>Sheet Metal Workers Local Union 218</u> Labor Organization File Number <u>517-675</u> P.O. Box, Building and Room Number, if any <u> </u> Street <u>2855 Via Verde</u> City <u>Springfield</u> State <u>Illinois</u> ZIP Code + 4 <u>62703</u>
5. Position in labor organization. <u>Trustee</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

<p>A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.</p>	
<p>6. Name and address of Employer (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>7.a. Nature of Interest, Transaction, or Income.</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p>7.b. Amount.</p> <div style="border: 1px solid black; width: 150px; height: 40px; margin: 0 auto;"></div>

Signature

15. **Signature and verification.** The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

Date _____

Telephone Number _____

No. 1661-P-8711

SHEETMETAL WORKERS Local # 218-

AUG. 10. 2005 - 3:42PM

Name of Person Filing

Paul M. Nixon

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Sheet Metal Workers Local 218 D

Training and Apprenticeship Fund

Trade Name, if any: SMW 218 D JATC

P.O. Box, Bldg., Room No., if any

Street 2914 E. Locust

City Decatur

State Illinois ZIP Code + 4 62521

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

The SMW 218 D JATC is a related trust to Local Union 218.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Income received represents wages for teaching apprenticeship classes.

12.b. Amount

3246.15

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.